

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1. DATE OF INCIDENT 11-AUG-2012	TIME 21:51:00	2. ADDRESS OF OCCURRENCE 1107 S 1ST AVENUE MAYWOOD, IL 60153	3. LOCATION CODE 304	4. BEAT/OCCUR 3100	
	6. POSITION 9161	6. LAST NAME LANGE	7. FIRST NAME TIMOTHY K	8. STAR NO. 19206	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
	10. RACE CODE WHI	11. AGE 506	12. HT. 185	13. WT. 		
	14. DATE OF APPT 27-SEP-2004	15. EMPLOYEE NO. 	16. UNIT & BEAT OF ASSIGNMENT 011	17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
	20. LAST NAME 	21. FIRST NAME 	22. M.I. <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE 	25. D.O.B.
	26. ADDRESS 	29. TELEPHONE NO. 	30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? 	34. BY WHOM? 	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED 	37. CB NO. 	IR NO.
	38. <input type="checkbox"/> DNA	39. <input checked="" type="checkbox"/> DNA	40. <input checked="" type="checkbox"/> DNA	41. <input checked="" type="checkbox"/> DNA	42. <input type="checkbox"/> DNA	43. <input type="checkbox"/> DNA
	44. SUBJECT'S ACTIONS		45. MEMBER'S RESPONSE	46. ASSAULTANT:ASSAULT	47. ASSAULTANT:BATTERY	48. ASSAULTANT:DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER MAYWOOD PD INVESTIGATION
VERBAL COMMANDS <input type="checkbox"/>	ESCAPE HOLD <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Slim) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input checked="" type="checkbox"/> OTHER _____	
WRISTLOCK <input type="checkbox"/>	ARMBAR <input type="checkbox"/>	PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____	OTHER _____	OTHER _____	OTHER _____	
39. <input type="checkbox"/> DNA	40. ADDITIONAL INFORMATION THIS INCIDENT OCCURRED OUTSIDE OF THE CORPORATE LIMITS OF THE CITY OF CHICAGO AND IS BEING INVESTIGATED BY MAYWOOD, IL POLICE DEPARTMENT (REPORT# 12-14259). SOME OF THE INFORMATION IN THIS REPORT ARE APPROXIMATIONS BASED ON LIMITED INFORMATION AVAILABLE.		41. POSITION 	STAR NO. 	UNIT 	
42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial	44. WEATHER CONDITIONS CLEAR			
45. MAKER/MANUFACTURER SIGS. L. G. WMS INDUSTRIAL GESELLSCHAFT - SIG	46. MODEL P229	47. BARREL LENGTH 4	48. CALIBER/GAUGE 9 MM			
49. TASER DART ID NO. AAU00460	50. WEAPON SERIAL NO. (Include Letters) AAU00460	51. CHICAGO GUN REG. NO. 633695	52. IL FIREARM OWNER ID. NO. 	53. HANDGUN CERTIFICATE NO. 		
54. SPECIAL WEAPON CERTIFICATE NO. 	55. PROPERTY INVENTORY NO. 	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 1		
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (Specify) MAYWOOD PD INVESTIGATION <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED 	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) UNK <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	70. EVENT NO. 1222501132	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW UNK	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) UNK	67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) UNK	71. L.R.D. NO. HV426529	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. DATE REVIEWED 12-AUG-2012 01:55:48	70. TIME 105625Z				
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. DF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to his use of force are documented in the appropriate case report.					
SIGNATURES	73. REPORTING MEMBER (Print Name) SESSO, STEVEN A	STAR/EMPLOYEE NO. 340	SIGNATURE 			
	74. REVIEWING SUPERVISOR (Print Name) BAY, ROGER J	STAR NO. 35	SIGNATURE 	DATE REVIEWED 12-AUG-2012 01:55:48	TIME 105625Z	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS (INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Unable to interview subject. The subject is DOA

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination that Officer Timothy Lange acted in compliance with department policy regarding the use of deadly force. Officer Lange discharged his weapon in defense of his life when he was being kicked and beaten by two offenders who had him on the ground. Officer Lange sustained serious injury and is hospitalized as of this writing.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOC NO./CRNO. 1056252 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

12-AUG-2012 02:10:05

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT No
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	1
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		

LOG# 1056252

Attachment# 10